

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	2/24
FORMALITY REVIEW	H.S	866	03.27.01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6.4.02
2	✓	✓	6.4.02
3	✓	✓	6.4.02
4	✓	✓	6.4.02
5	✓	✓	6.4.02
6	✓	✓	6.4.02
7	✓	✓	6.4.02
8	✓	✓	6.4.02
9	✓	✓	6.4.02
10	✓	✓	6.4.02
11	✓	✓	6.4.02
12	✓	✓	6.4.02
13	✓	✓	6.4.02
14	✓	✓	6.4.02
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46	✓	✓	6.4.02
47	✓	✓	6.4.02
48	✓	✓	6.4.02
49	✓	✓	6.4.02
50	✓	✓	6.4.02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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